FIRE SAFETY





FIRE SAFETY TRAINING FORM					
HOUSE:		ADDRESS:			
DATE:		START TIME:		END TIME:	
VIDEO/DVD SHOWN:					
INSTRUCTOR NAME:	STRUCTOR NAME:		INSTRUCTOR SIGNATURE:		
SUBJECTS COVERED: (Refer to FIRE SAFETY TRAINING - LESSON PLAN)					
FIRE EXTINGUISHERS	FIRE DRILLS		EXTENSION CORDS		
EXITS & EXITWAYS	EMERGE	NCY PLAN	FIRE ALARM PROCEDURES		
HIDDEN SPACES/HUTS	PARTY SAFETY		APPROVED SLEEPING AREAS		
ELECTRIC BLANKETS	SPACE HEATERS		CANDLES & OTHER OPEN FLAMES		
FIRE DOORS	COOKING		REPORT OBSERVED		
PROHIBITED ITEMS	MALICIOUS HORSEPLAY		DE	FICIENCIES/HAZARDS	
ATTENDEES NAME		SIGNATURE			

This form shall be completed and retained to be either handed to the CFD inspector during your Fall fire inspection or scanned / faxed to the location identified below no later than the Sunday at the end of the second week of class.

ATTENDEES NAME	SIGNATURE